

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836005

Entity Name: VISTA LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE AMERICAN ROAD
WHQ ROOM 612
DEARBORN, MI 48126

Current Mailing Address:

TAX DEPARTMENT, WHQ ROOM 612
ONE AMERICAN ROAD
DEARBORN, MI 48126 US

FEI Number: 38-2044243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COB
Name MORITZ, JAMES M
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

Title PRES
Name RAGER, CLIFFORD G
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

Title TREA
Name CARNARVON, JANE L
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

Title SEC
Name GOOD, CARL S
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

Title AS
Name GREENWELL, JENNIFER
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

Title DIR
Name MOYNES, JAMES
Address ONE AMERICAN ROAD
City-State-Zip: DEARBORN MI 48126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER GREENWELL

ASSISTANT SECRETARY 04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date